

State of Idaho

Department of Water Resources

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098

Phone: (208) 327-7900 Fax: (208) 327-7866

Date: Feb. 24, 2003

To: Max Excell, Superintendent
Shoshone School District
208-886-2338
Fax 208-886-2038

From: Dayna Ball 
Water Distribution
327-7907

Number of pages including cover sheet: 3

Following is the Certificate of Financial Responsibility for our meeting on Feb 28 in the district office.

The hard copy will be mailed today.

Please contact me if you have any questions.

**STATE OF IDAHO
CERTIFICATE OF FINANCIAL RESPONSIBILITY**

Endorsement No. 45 FY2003

The State of Idaho and its departments and agencies are self-insured for their public liability exposures. The State of Idaho has created The Retained Risk Account, administered by the Office of Insurance Management (Idaho Code § 67-5776), as a means for payment of losses not otherwise insured and suffered by the state as to property and risks which at the time of loss were eligible for such payment. The Retained Risk Account is governed by eligibility guidelines for coverage pursuant to Idaho Code § 67-2776 (1). Self-insurance is not insurance

NAME OF AGENCY:

STATE OF IDAHO-IDAHO DEPT. OF WATER RESOURCES-
District #37
% Office of Insurance Management/Risk Management
P.O. Box 83720
Boise, ID 83720-0079

CERTIFICATE HOLDER:

Shoshone School District #312
409 N. Apple St.
P.O. Box 2D
Shoshone, Idaho 83352

**DESCRIPTION OF COVERED
OPERATION:**

As of the date hereof, the State of Idaho's Retained Risk Account established under Idaho Code § 67-5776, is funded and in effect subject to limitation on liability of the Idaho Tort Claims act (6-901 et seq.) including without limitation, I.C. 6-926, on behalf of the Agency named above to provide for payment of losses, within the "Retained Risk Account Coverage" described below, arising from negligence of the State of Idaho/ Dept. of Water Resource's use of the School District Board Room, 409 N. Apple St., Shoshone, ID. on February 28, 2003. The above named **CERTIFICATE HOLDER** shall be additionally protected under the State of Idaho's Retained Risk Liability Account for claims arising out of any such negligence of the State of Idaho/agency, up to but not in excess of the limits of the State of Idaho's liability under the Tort Claims Act.

TYPE OF COVERAGE	INDEMNIFICATION PROVIDED BY	EFFECTIVE DATES OF CERTIFICATE	LIMITS OF LIABILITY
			EACH OCCURRENCE
Comprehensive General Liability For: Bodily Injury, including Personal Injury, Error & Omission and Medical Malpractice, if applicable Property Damage If Applicable:	State of Idaho Retained Risk Fund	Feb. 28, 2003	\$500,000
Comprehensive Auto Liability For: Bodily Injury and Property Damage	State of Idaho Retained Risk Fund		

2/20/03

DATE ISSUED



AUTHORIZED REPRESENTATIVE

In the event of any material change in this program, the Bureau of Risk Management will give 30 days' written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation upon the State of Idaho and the Office of Insurance Management,